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Priory Lodge

Inspection report

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Date of inspection visit:
15 November 2018

Date of publication:
19 December 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Priory Lodge is registered to provide accommodation and personal care for up to 19 people. The service accommodates adults and people aged over 65 who have a variety of long standing mental health problems. There were 18 people living in the service when we inspected on 15 November 2018. The inspection was unannounced.

Priory Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Priory Lodge provides people with single or a shared room in an adapted building close to the centre of Colchester. At our last inspection of the service in January 2018, we rated the service as 'Requires Improvement' overall but as inadequate in the key question of Well Lead. This was because we found deficiencies in the way the service was managed. We found that the provider was in breach of a number of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the last inspection, we took enforcement action cancelling the registered managers registration as we had concerns about their competency. The registered provider sent us an action plan setting out the steps they would take to address the concerns we raised. At this inspection we found that significant improvements had been made and the service was no longer in breach of the regulations. As a result, we have made a decision to remove the service from special measures. However, the overall rating remains 'Requires improvement' as further work is still needed in some areas to imbed some of the changes that have been made.

At this inspection the service did not have a registered manager. A new manager had been appointed but had not yet applied to register with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Management and staff were clearer about how to keep people safe. The acting manager exercised greater scrutiny over accidents and incidents. Hazards were identified and managed. Equipment was serviced and checked to ensure it was safe to use. The service was clean and there were plans to adapt the building to improve the management of laundry and washing of equipment such as commodes. Since our previous inspection, the accommodation had benefited from general updating and more regular maintenance. The garden had been landscaped which meant that it more accessible to people. Communal areas were comfortable and homely.

Safeguarding was understood by staff and we saw that the acting manager followed the correct procedure when concerns were raised. Peoples medicines were safely managed.

There were sufficient staff available to support people and there were arrangements in place to check on staff suitability as part of the recruitment process. Staff had access to a range of training to equip them with the skills they needed to meet the needs of people using the service.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The registered manager understood their responsibilities but some of the documentation regarding decision making could be strengthened.

People had choice of meals and access to health care and were supported to lead healthier lives.

People told us that they were happy living in the service and that they had a good relationship with staff. Care staff were caring and knew people well.

Opportunities to participate in activities had significantly improved since the last inspection. People regularly accessed the community as well as taking part in meaningful activities to assist with their overall wellbeing.

The service supports people with a wide variety of needs and while people's primary needs may be around their mental health a number also had significant needs arising from other health conditions. The service was better equipped and to support people with differing needs and care was more person centred. Further work was needed to strengthen the care planning and review arrangements to ensure that people's needs are met in a timely way and that they were being supported to fulfil their potential.

There was a system in place to address complaints. People, relatives and health professionals were asked for their view of the service at regular intervals.

There was visible leadership and the culture was more positive. The acting manager oversaw a number audits to check on the quality of the service but these would benefit from further development.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

This service was not always safe.

The service was clean. There was some variance in practice and infection control audits had not been undertaken. There were plans to make adaptations to the building to better manage the risks associated with the washing of equipment and soiled laundry

There was greater scrutiny of incidents and accidents.

Staff were visible and there were sufficient staff to meet the needs of people living in the service. Checks were completed on staff prior to their employment but the system needs to be strengthened for agency staff.

Medicine administration followed professional guidance.

There were systems in place to manage risks to people's welfare.

Staff were aware of what was abuse and the procedures to follow

Is the service effective?

Good 

This service was effective.

People had choice about what they ate and received the support they needed at mealtimes.

Staff received training to enable them support people using the service.

Staff had a better understanding of their responsibilities under the Mental Capacity Act.

People had access to healthcare support.

Is the service caring?

Good 

The service was caring

Staff were kind and people told us that they treated them with

respect.

People's dignity was promoted.

People were supported to maintain relationships with friends and family.

Is the service responsive?

The service was not always responsive.

Care plans were not always up to date which meant that people were at risk of not always receiving personalised care

Activities were available which enhanced people's wellbeing.

There were systems in place to investigate and respond to complaints.

Requires Improvement ●

Is the service well-led?

This service was not consistently well-led.

The new leadership team had started to make changes at the service. These had been well received by staff and people using the service but change was not yet embedded.

Some audits were undertaken but this area would benefit from further development.

Requires Improvement ●

Priory Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken on 15 November 2018 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, and their expertise was in mental health and older people.

In advance of our inspection we reviewed the information we held on the service, in particular notifications about incidents, accidents and safeguarding information. A notification is information about important events which the service is required to send us by law. We looked at safeguarding concerns reported to us. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

We spoke to nine people who used the service. We also spoke with eight care staff including the acting manager and provider.

We reviewed a range of documents and records, including four sets of care records for people who used the service. We viewed the recruitment records of three staff who had recently been employed, complaints records, medication, accident and incident records. We looked at a range of quality audits and management records.

Is the service safe?

Our findings

People told us that Priory Lodge was a safe place to live and they liked living there.

At the last comprehensive inspection in January 2018 we identified a breach in Regulation 13 of the Health and Social Care (Regulated Activities) Regulations 2014. We found shortfalls in the systems in place to protect people from abuse and improper treatment and incidents were not always recorded or investigated.

At this inspection we found that improvements had been made. Staff had undertaken training on safeguarding and could describe the actions that they would take to protect people if they had concerns, which included raising a safeguarding alert with the local authority. Incident and accident reports were being completed, for example when people exhibited distressed behaviours or had an accident. The new acting manager exercised greater scrutiny and oversight of incidents and had made appropriate referrals to the safeguarding team where they had concerns.

At the last comprehensive inspection in January 2018 we identified a breach in Regulation 12 of the Health and Social Care (Regulated Activities) Regulations 2014. We found shortfalls in the systems in place to manage risks and support people as their needs changed. Hazards had not always been identified and managed in a way that mitigated the risks. At this inspection we found that some improvements had been made, for example assessment tools such as waterlow assessments were in place for people who were at risk of skin breakdown. Pressure relieving equipment such as specialist mattresses were in use to mitigate the risks. However, it was not always clear how often people at risk of pressure damage were being repositioned. The acting manager responded by immediately putting a repositioning chart into place for staff to complete for the individuals at risk. People who had been identified as requiring specialist equipment such as slings and slide sheets to assist them with moving and handling had them in place.

There were systems in place to ensure that equipment and environmental risks were identified and managed. Hazardous substances were locked away and we saw that checks were undertaken on fire safety equipment to ensure that it was working effectively. The provider had arranged for a separate company to undertake checks on equipment such as hoists and on water to make sure that the systems in place were working effectively and the risks associated with risk such as legionella were being managed. Where necessary equipment was replaced, so we saw for example that a new bath hoist had been purchased with a belt to reduce the likelihood of injury.

At the last comprehensive inspection in January 2018 we identified a breach in Regulation 15 of the Health and Social Care (Regulated Activities) Regulations 2014. We found shortfalls in the systems in place to manage infection control and the environment and fittings were not always cleaned in line with best practice.

At this inspection we found some improvements had been made. The service looked clean and there were no unpleasant odours. Equipment such as mops were being appropriately stored and replaced on a more regular basis. However, bathrooms were still being used to empty and wash commodes and urinals and

specific guidance was not included in the services infection control procedures. The acting manager told us that the registered provider intended to extend the service to provide a separate laundry and sluice room and provided us with the timescales for this work. Staff were observed using personal protective equipment (PPE) such as gloves but one member of staff was observed returning them to their pocket after use, which is contrary to the guidance. Staff were also not clear about how some health conditions should be managed and we saw that there was some variance in practice. We spoke to the acting manager about this and he agreed to address this and to undertake infection control audits to enable issues to be more promptly identified.

People told us there were enough staff, and we observed that during the inspection there was a visible staff presence in communal areas and in corridors when people were moving around. Staff had time to engage with people and provided support to people as required.

We saw that staff rosters were well kept and showed who was on duty. The service covered shortfalls such as sickness and holidays through its own staff team and the acting manager told us that they had only used an agency carer once in the last year. However, they were unable to provide us details about this person and told us that the supplying agency had not yet provided this information but they were continuing to request this and assured us that in future this information would be in place prior to the agency member commencing employment.

Recruitment processes were in place to check on staff suitability and to protect people. Examination of three staff files confirmed all relevant checks, including identification checks, criminal records check and appropriate references had been obtained on newly appointed staff.

There were clear processes in place to oversee the administration of medicines. There was a system in place for receiving, documenting and disposing of medicines. We found that there were clear protocols in place for the administration of PRN or as required medicines which set out the purpose of the medicine and the expected outcome. Staff regularly checked balances of medicines to ensure that they would not run out. Medicines, including controlled drugs were appropriately stored and the balances of medicines we checked tallied with the records. People's preferences for taking their medicines were recorded and where people wished to take responsibility for self-administration, for example of their eye drops this was enabled.

Is the service effective?

Our findings

People and staff spoke positively about the service and the support provided. They told us that the changes that had taken place benefited the service. One member of staff told us, "It's got much better here after the last inspection. There is better communication and some of the old staff members have gone." Another said, "If I need any training I can ask. I am doing another course and they help me attend this by arranging shifts around it."

An induction programme was in place to support new members of staff when they first joined the service. As part of the induction programme new starters worked alongside more experienced colleagues before they provided care for people. This ensured they knew people's preferences and how they wished their support to be delivered. New staff members were also supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in the health and social care sectors. Staff told us that the training covered areas such as moving and positioning, diabetes and fire safety. Training was both on line and face to face and staff understanding of what they had learnt was checked through observation of practice.

Staff received regular supervision sessions and were also informally supported on a day-to-day basis, with any concerns that arose by the management team. Supervisions give staff the opportunity to talk through any issues, seek advice and receive feedback about their work practice. Staff were positive about the support they received and told us that the acting manager was approachable. Regular staff meetings were held,

People were supported to access a balanced diet. People living at the service discussed what meals they wanted to add to the menu at resident meetings. A main meal was cooked each day and an alternative were prepared where people preferred something else. One person told us, "The cook makes things special for me."

We saw that the kitchen was well stocked with a range of fresh and frozen items and records of meals indicated that people were offered choice. We observed a lunchtime which was relaxed and sociable. The cooker had broken and a replacement had been ordered and not yet arrived so people were given the choice of a takeaway. Staff were knowledgeable about people's preferences and specific dietary requirements, for example, some people had been assessed as at risk of choking and were on a pureed diet, others required adjustment because of their diabetes. Peoples weights were monitored

People had access to health care and were supported to lead healthier lives. Care records showed that there had been discussions around healthy eating and physical activity. For example, we saw that one person had been supported on a weight loss programme which indicated that they had choice over what they ate but had lost weight at a healthy rate.

Care records showed staff had supported people to attend medical appointments and, when necessary, had requested visits from GP's. We saw that staff responded promptly to people's changing health needs and

referrals had been made to specialist healthcare professionals, including psychiatry, the intensive dementia support team and speech and language therapists, for additional advice and support.

At the last inspection we found that the environment was looking tired and in need of updating. Furniture was old and worn and not always fit for purpose. The garden was in need of attention and was being used to store broken furniture and other items. At this inspection we found that improvements had been made, the communal areas looked warm and comfortable and were well used by the people living in the service. People had only numbers on their bedroom doors and doors would benefit from personalisation to help orientate people around the building.

The garden was assessable and had some landscaping which provided people with an external space which they could use to relax. One person told us proudly that they had "weeded this" pointing to one of the flower beds and that they had put up a gazebo in the summer and enjoyed sitting in the shade.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and when needed are helped to do so. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. At our previous inspection we found that the legislation was not always well understood. At this inspection we found that some improvements had been made. Staff for example, had received training in the MCA, and understood the importance of giving people choice and gaining their consent. One member of staff told us, "people have the right to make decisions and the right to make wrong decisions."

Some of the documentation was not however as clear as it could be. For example, Care plans did not contain consideration of whether people had the capacity to make decisions about their care even if unwise. Some of the capacity assessments which had been completed did not clearly document what capacity question was being assessed, such as whether a person needed support with personal hygiene. The acting manager was aware of these issues and informed us that this was an area they had identified as needing improvement and had a plan in place to address.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the Act. We saw the service had identified that one person may require a DoLS and had made the necessary applications to the Local Authority. For example, if people were not free to leave the service unaccompanied.

Is the service caring?

Our findings

At our last inspection we found that individual staff were caring however the service did not always promote people's dignity and independence. At this inspection we found that improvements had been made. For example, we previously found that communal bathrooms were not properly maintained and lounge chairs had been fitted within continence sheets which was undignified. Both of these issues had been addressed and we found that people privacy and dignity was respected. Bedroom doors were closed when unoccupied, or open at people's requests. The manager told us that they had spoken to people about door locks and people had said that they did not wish these to be provided. They told us that would continue to speak to people about this.

People told us that they were happy living in the service and that they had good relationships with staff. We observed that people looked relaxed in the company of staff and interactions were warm and friendly. We observed care staff sitting with people, chatting quietly and saw that there was genuine affection and care in evidence.

A number of people had lived in the service for some years and had built up relationships with each other. We were told on arrival that a person who lived at the service had died during the night prior to our inspection. The staff at the service were sensitive to this and had ensured that people had been told and support offered. We observed that one person was supported to write a poem about how they were feeling.

Staff knew people well and could tell us about individuals, what they enjoyed and what was important to them. There was a wish tree in place where people could write things that they wanted to do or achieve. There was a greater emphasis on involving people and enabling them to make choices for example, in menu planning and in furnishings.

Involvement from family and other health professionals were supported and respected. People had access to advocacy services in addition to their community mental health workers, should they require it. We saw evidence that for one person who lacked capacity, that various professionals and family members had been engaged by the manager to review where the person's care needs were best met.

People's personal information was protected and was stored appropriately. The majority of care records we looked at were written in a way that showed respect for individuals. However we did note one incident report which described a behaviour as being attention seeking which did not fully consider the individual's wellbeing or dignity. We spoke to the manager about this and they told us that they had already addressed the issue with the member of staff.

People were asked for their view of the service at regular intervals. We saw that these were being provided in different formats including easy read. Feedback had also been requested from relatives and from other professionals. Comments included, "We are very happy that the service fought for a specialist wheelchair for my relative." "The staff truly care about our relative and are extremely caring and treat them with care and dignity." A visiting professional referred to, "The wonderful care that you have given this person over the last

20 years or so."

Is the service responsive?

Our findings

At the last comprehensive inspection in January 2018 we identified a breach in Regulation 9 of the Health and Social Care (Regulated Activities) Regulations 2014. There was a lack of meaningful activity and the service did not always support people to be as independent as they could be in line with best practice. At this inspection we found that improvements had been made, however while the service was no longer in breach of the regulations we found that there was still further work to do to ensure that people received personalised care.

Opportunities to participate in activities had significantly improved since the last inspection and people regularly accessed the community as well as taking part in meaningful activities to assist with their overall wellbeing. Two staff undertook activities with people and there was an activity timetable which set out what was planned. One person told us that they were going to college and doing a cookery course and were planning to complete another in computers. They told us that they regularly went out and had participated in activities such as go karting. We observed people coming and going throughout the day. The service benefitted from an activity room which was bright and airy and was being used on the day of our visit for painting. Those participating enjoyed the activities and were completely engrossed.

People told us that they were involved in writing their care plans but told us did not see the documents or have a copy. We found that care plans were located on the services computer system but were not always sufficiently detailed and did not provide staff with sufficient guidance on how to support people in a person-centred way. For example, we saw that one person could become distressed but there was no guidance on how to support this individual. Other people had bedrails and while staff told us that they were in place to prevent them falling from bed, the care plans were unclear and gave contradictory information about people's mobility. Another person had a catheter but details of how this should be managed were not documented. However, it was evident from our discussions with staff that they knew people well and the support that they needed. None the less the shortfalls in documentation meant that people were at risk of inconsistent care.

Some individuals had been identified as moving towards independent living and while we were told that they were able to make drinks and sandwiches it was not clear how this overall goal was going to be achieved, as there was no clear plan or actions in place to demonstrate the skills and knowledge needed. The acting manager told us that they would look again at care planning and address the issues we identified.

Reviews were undertaken but were not always as robust as they could be for example, one of the individuals whose care we looked at had a diagnosis of epilepsy. We saw that this aspect of their care had been reviewed but it had been signed as no change and it was unclear if they had any seizures. Another person had a Do not attempt resuscitation document in their care plan which had been recently been completed by a doctor while in hospital but had not been discussed with the individual. This was had not been revisited as part of the review process. The manager told us that they had already identified that there was a greater need for review and had set up one to one meetings with individuals following incidents or significant

changes.

The service provides support to people at the end of their life to enable them to stay at home if they wished to. Care plans however lacked detail about peoples wishes, values and beliefs and we have recommended that further support is provided to people to enable them to express their decisions about their preferences for end of life care. We saw examples of the service working with other healthcare professionals to ensure that people were kept comfortable and any pain was managed. As outlined elsewhere in the report it was positive to see the support being offered to people following the death of an individual in the service and their involvement of the planning of the funeral.

There was a complaints procedure in place which was displayed in the service and explained how people could raise concerns. We looked at the records and complaints and saw that where issues were raised people received feedback. People told us that they could speak to the manager at any time.

Is the service well-led?

Our findings

At the last comprehensive inspection in January 2018 we rated well led as inadequate and identified a number of breaches in the regulations. We had significant concerns about how the service was managed and identified a breach in Regulation 7 of the Health and Social Care (Regulated Activities) Regulations 2014. Following the inspection, we took enforcement action, cancelling the registered managers registration.

At this inspection we found that a new manager had been appointed although they were still in an acting role. We found that they had not yet made an application to register with CQC but told us of their intention to do so.

People using the service told us that the service was well lead. Staff too, expressed confidence in the management of the service and told us that the acting manager was approachable and helpful. One member of staff told us, "The manager is really good and he listens to us. We can make suggestions to change things." Another said, "The manager is happy to help."

At the last comprehensive inspection in January 2018 we identified a breach in Regulation 18 of the Registration Regulations 2009. Notifications about significant events such as police involvement or safeguarding concerns had not been provided to CQC as required. At this inspection we found that improvements had been made and the new acting manager was aware of their responsibilities to inform CQC of significant events and had done so.

At the last comprehensive inspection in January 2018 we identified a breach in Regulation 17 of the Health and Social Care (Regulated Activities) Regulations 2014. Governance systems were not effective and did not drive improvements.

At this inspection we found that significant changes had been implemented at the service. The service was cleaner, better maintained and there was a greater focus on the needs of people using the service. However, further work was still needed to ensure that people receive a consistently good service and the changes made fully embedded into life at the service.

The new manager had started the process of auditing areas such as medicines and care practice within the service. A small number had been completed but they were at an early stage but did not yet form the basis of an overall improvement plan. For example, audits did not cover care plans or infection control.

Throughout the inspection, however the management team were receptive to the feedback given and responded to the issues that we raised in a positive way. They told us that service welcomed support and advice from external agencies and were keen to learn and develop the service further.

Regular staff meetings were held but as the service was small, any concerns were also discussed and resolved daily. As outlined in the caring section of the report questionnaires on the quality of the service had been requested from people, relatives and professionals.

